

Folks:

The attached information is just in from DOH. The highlights:

- ALL ILI (influenza-like illness) should be considered to be flu. It doesn't matter if it's H1N1, or some other strain. It all spreads in the same ways, and it all makes people sick. In a month or two, the "regular" ("seasonal") flu will emerge, and share the stage with H1N1.
- ILI is defined as: fever (of 100 degrees F or greater, if it has been measured), accompanied by cough and/or sore throat (in the absence of some other KNOWN non-influenza cause for these signs).
- Hand hygiene remains the most important protective countermeasure against flu. RIGOROUS use of alcohol-based hand sanitizers after glove removal (and before touching self or others), or THOROUGH soap-and-water hand washing (if there is visible soiling) are the keys.
- When caring for patients with ILI, it is recommended that STANDARD AND DROPLET PRECAUTIONS be observed within six feet of the patient, or when handling patient-contaminated items. These precautions consist of gloves and a snug-fitting SURGICAL FACEMASK (note the change over previous recommendations: a surgical facemask is NOT a respirator that must be fit-tested). The surgical facemask is considered to be adequate for this level of protection, as the droplets generated by ordinary coughing are large and do not travel more than six feet from the patient, nor do they remain in the air for more than a few seconds.
- If performing AEROSOL-GENERATING PROCEDURES on a patient with ILI (for EMS, these procedures would be: intubation, extubation, foreign body removal from the airway under direct laryngoscopy, deep tracheal suctioning, nebulizer treatments, and CPAP), a HIGHER LEVEL OF PROTECTION is indicated for all personnel present. This level is called AIRBORNE PRECAUTIONS, and is indicated because of the fine droplets generated, which remain airborne for an extended period of time, and can be inhaled or deposited on surfaces a considerable distance from the patient. AIRBORNE PRECAUTIONS consist of gloves, a FIT-TESTED N-95 (or better) RESPIRATOR, and eye protection (goggles or faceshield).
- Post-call disinfection of non-disposable equipment and exposed ambulance surfaces should be accomplished by conventional means. Visible contamination should be cleaned away first, followed by disinfection using any hospital-grade disinfectant (including fresh diluted chlorine bleach).

Also, we WILL NOT BE IMPLEMENTING PROTOCOL #36 (the pandemic influenza dispatch protocol that [can](#) sometimes result in no dispatch of EMS to an ILI call) now, or any time in the foreseeable future. Doing so requires a LOCAL DECLARATION of a PANDEMIC EMERGENCY in which hospital and/or EMS resources are in resultant critical short-supply. This will require agreement by the County Health Department, hospitals, REMAC, and (probably) State DOH that this is, in fact, the case (which, at this time, it is not). Our 9-1-1 center will be focusing on identifying likely ILI patients, and alerting responding EMS units to that fact.

Please let us know if you have additional questions after reviewing the attached. Thanks.

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<http://www.gobroomecounty.com/e911/emergency-medical-services>



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**To:** All EMS Agencies

**From:** Disaster Preparedness Unit,  
Bureau of Emergency Medical Services

**Date:** September 16, 2009

**Subject:** H1N1 Advisory Update for EMS Agencies

### **Introduction**

In anticipation of the upcoming influenza season, the Bureau of Emergency Medical Services is providing the following update regarding the continuing spread of novel H1N1 influenza occurring in New York State.

Additional information is available on the following websites:

- NYS Department of Health: [www.nyhealth.gov/diseases/communicable/influenza/h1n1/](http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/)
- CDC: [www.cdc.gov/h1n1flu/](http://www.cdc.gov/h1n1flu/)
- NYCDOH/MH: [www.nyc.gov/html/doh/html/cd/cd-h1n1flu.shtml](http://www.nyc.gov/html/doh/html/cd/cd-h1n1flu.shtml)

### **Background**

- Data indicate novel H1N1 influenza virus is comparable to seasonal influenza in terms of the severity of illness and transmission of infection.
- NYS Department of Health continues to recommend that infection control measures for novel H1N1 influenza be similar to those taken for seasonal influenza.
- These recommendations apply to ALL patients with influenza, or those with acute febrile respiratory illness.
- Additional information on the outbreak, as well as further clinical guidance, will be provided as it becomes available. EMS providers should monitor local Health Department (LHD) and the CDC and State Websites listed above.

## **What EMS personnel should do?**

EMS personnel responding to calls should, at a minimum be aware of the following:

### **What am I looking for?**

Acute febrile respiratory illness, including Influenza-like-illness (ILI)

Symptoms of Influenza-like-illness (ILI):

- Fever (temperature of 100°F [37.8°C] or greater) cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

Persons with influenza or novel influenza (H1N1) have experienced:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- A number of people infected with the novel influenza (H1N1) virus also have reported diarrhea and vomiting.

In children, emergency warning signs that indicate a need for urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that indicate a need for urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

### **How can I prevent personal exposure to the flu?**

If you are treating a patient who complains of or exhibits influenza-like symptoms, you should:

- Continue to use appropriate precautions (*Standard and Droplet*) for ALL patient care activities. (See below)

### **Infection Control for ILI Patients: Standard plus Droplet Precautions**

- EMS personnel who have close contact, including examining, collecting specimens or providing direct medical care for the patient with acute febrile respiratory illness, should follow Standard plus Droplet precautions
- Meticulous hand hygiene should be performed before and after patient care and after removal of Personal Protective Equipment (PPE)
- At a minimum, EMS staff should follow droplet precautions by wearing a facemask and gloves; the facemask should be put on before interacting with the patient. Your Regional Medical Control may require a higher level of PPE.
- Offer masks to all patients with symptoms of a respiratory illness if the patient can tolerate wearing them. Otherwise provide patients with tissues.
- When removing PPE, gloves should be removed first, then the facemask, followed by hand hygiene.
- Remember to avoid possibly contaminating other areas of the ambulance vehicle or equipment; remove potentially contaminated PPE when finished caring for the patient or when cleaning the ambulance.

### **Aerosol-generating procedures**

- Includes nebulized treatments, intubation and extubation, tracheal suctioning, bronchoscopy and laryngoscopy performed on patients with acute febrile respiratory illness
- Fit-tested N-95 respirators and eye protection (goggles or face shields) should ALWAYS be worn by EMS personnel performing these procedures on patients with febrile respiratory illness

### **Cleaning and housekeeping of ambulance and equipment**

Routine cleaning and disinfection methods used during influenza seasons should be used in the management of novel H1N1 influenza. Any surfaces and equipment used during a response should be thoroughly cleaned and disinfected following those procedures. More detailed information can be found at:

[http://www.pandemicflu.gov/plan/healthcare/cleaning\\_ems.html](http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html)

### **Reporting to the hospital**

Make every reasonable effort to advise the receiving hospital that you are transporting a patient with an influenza-like illness, so they can take any appropriate precautions and provide you with

any additional guidance on arrival destination. You may be directed by Medical Control or the receiving hospital of an alternate transport location.

## **Protecting yourself and your family**

### **What can I do to protect myself from getting sick?**

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Get vaccinated for seasonal influenza early this and every year,
- Get vaccinated for novel H1N1 influenza once the vaccine is available.
- Cover your nose and mouth with a tissue when you cough or sneeze. If one is not immediately available, cough or sneeze into your arm or shoulder (not hands). Throw any tissues into the trash after use.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective as long as hands are not visibly soiled.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid unnecessary close contact with sick people.

If you believe you have been exposed to someone with flu-like symptoms, follow your EMS agency's exposure control plan.

### **What should I do if I get sick?**

If you are exhibiting the following signs and symptoms:

Fever	Cough
Sore throat	Runny or stuffy nose
Body aches	Headache
Chills	Fatigue
Diarrhea	Vomiting

- Stay home and avoid contact with other people as much as possible to keep from spreading your illness to others.
- If you are sick with a febrile respiratory or influenza-like illness, stay home for at least 24 hours after you start feeling better and your fever is gone, without the use of a fever-reducing medicine.
- Your health care provider will determine whether influenza testing or treatment is indicated.

## **Collaboration with Dispatch and 911 Centers**

Whenever possible, responding EMS crews should be advised by dispatch and 911 centers of calls in which ILI symptoms have been described to the Call taker. This may assist in the appropriate identification and use of PPE by the responding EMS providers helping to reduce unnecessary exposures to ILI.

## **Summary**

This continues to be an evolving situation. New and updated Information and recommendations are being developed. Please remain vigilant in your response to influenza -like symptoms by keeping yourself informed and referring to the above listed websites for the latest information and recommendations.

Approved by: Office of the Director  
Bureau of EMS

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State Emergency Medical Services Council  
State Emergency Medical Advisory Committee  
Regional Program Agencies  
Office of Fire Prevention and Control  
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